

Clean Intermittent Catheterization (CIC) for Bladder Emptying

FAQ

What is Clean Intermittent Catheterization (CIC) of the urethra?

Intermittent catheterization means the periodic insertion of a hollow plastic tube (catheter) into the urethra, past the spincter muscle, and into the bladder. Because the catheter is hollow, urine will flow through it and the bladder will empty. It must be done at regular intervals, and it is best if done on a set schedule each day.

Why should my child catheterize?

Intermittent catheterization is used for children who don't empty their bladders well. There are several advantages and health benefits to intermittent catheterization, including:

1. Catheterization eliminates residual urine, which is urine that stays in the bladder when the bladder doesn't completely empty. This residual urine allows bacteria to grow and multiply. It is believed that incomplete emptying of the bladder causes many urinary tract infections.
2. Additionally, complete bladder emptying will help prevent incontinence (leakage of urine).

Learning Clean Intermittent Catheterization (CIC)

We believe that your child would benefit from clean intermittent catheterization (or CIC) as a means of emptying his/her bladder. It is recommended that at least one family member/parent (and preferably both) learn the proper technique of CIC, demonstrate competency and have an opportunity to address concerns or questions. Your child is encouraged to participate in CIC as much as developmentally and physically possible.

When Can My Child Learn to Catheterize Herself or Himself?

When developmentally appropriate, we recommend that your child participate in self-CIC. This shift of responsibility is a gradual process and can be initiated in small ways. Start by having your child watch and interact with you or the care provider while you are performing the catheterization. It is vital for your child to develop a sense of control over what he/she is doing with catheterization and its purpose and importance in relation to his/her own body. With time, your child can hold the lubricant, then be responsible for removing the catheter. Eventually, he/she will be able to do self-CIC independently and it will become routine.

Intermittent Catheterization-Clean Procedure

Procedure Helpful Hints

1. Wash Hands.	<ul style="list-style-type: none">· Wash hands as well as possible· A situation may arise where you are unable to wash your hands. In this situation, it is better to catheterize with unwashed hands than to skip a catheterization.· * Gloves are not needed! However, if a baby-sitter or friend is doing the caths, he/she may want to protect him/herself by using nonsterile, non-latex gloves.
2. Assemble equipment.	<ul style="list-style-type: none">· Equipment needed: Catheter Water soluble lubricant (KY jelly) Handiwipes or clean cloth soaked with soap and water· Assemble in an appropriate

	<p>and private location.</p> <ul style="list-style-type: none"> · If your child is an infant, you may wish to place a protective pad under your child's bottom to keep mess to a minimum.
<p>3. Cleanse the perineum or penis with mild soap and water, or with a handwipe.</p>	<ul style="list-style-type: none"> · For girls, spread labia and clean front to back. · For boys, if uncircumcised, pull back foreskin and clean head of penis
<p>4. Lubricate catheter tip.</p>	
<p>5. Hold the catheter near the tip and insert it into the urethra until urine flows.</p>	<ul style="list-style-type: none"> · Do not use force. If slight resistance is felt, it may help to twist the catheter.
<p>6. Place the other end of the catheter in the toilet or collection container before urine flows out of the catheter.</p>	<ul style="list-style-type: none"> · Hold the catheter in place until urine ceases to flow.
<p>7. Withdraw the catheter gently and slowly.</p>	<ul style="list-style-type: none"> · There is often an additional gush of urine.
<p>8. Clean the catheter equipment and store in a clean container.</p>	<ul style="list-style-type: none"> · Make sure your child is dry and comfortable.
<p>9. Measure the urine, discard it and rinse the container.</p>	<ul style="list-style-type: none"> · Record in diary if necessary.
<p>10. Wash hands thoroughly.</p>	

Helpful Hints

Frequency

We recommend a normal frequency of emptying, usually at least every 3 hours throughout the day. Depending on your child's situation, nighttime catheterization may or may not be indicated. Many times it is sufficient to catheterize before bedtime and immediately upon waking. If your child is awake during the night for some reason, you can take this opportunity to perform catheterization.

Catheter Care

Catheter care involves washing catheters with soap and water. It may be helpful to use a water-filled syringe to flush the catheter. Lie catheter on a towel or hang it to dry in a clean, appropriate and designated area. Catheters may be reused multiple times. Some patients use the same catheter for months and remain infection-free. The key is the frequency and consistency with the cathing. Use common sense when assessing your child's catheters. If the catheter appears cloudy after washing it or becomes too soft to insert due to multiple washings, it may be time for a new one. Tips for school-age children, children in day-care, or those away from home for several hours (ie, those in situations which will make it difficult to clean the catheters):

- Take as many catheters as you will need to catheterize while away from home.
- Take an extra plastic baggy or container to put the dirty catheters in to wash later at home.
- Take extra handy wipes to clean hands in case the bathroom is out of soap. It may be cleaner and easier to wash your hands with the wipes after getting set up to cath, but before touching the clean catheter.

Catheter Output

It is important to be aware of catheter output. For the first few weeks, it is a good idea to measure the amount of urine drained with each catheterization. Your surgeon and nurse practitioner will review normal urine volumes for your child. If your child's output decreases significantly, it may be attributed to a few different reasons:

- Perhaps the catheter is not being inserted completely into the bladder and some urine is remaining within the bladder. Be careful to move the catheter around a bit. Try rotating the catheter gently before withdrawing it completely.
- Your child may be drinking less.
- Your child may get dehydrated for other reasons.

Ditropan

Ditropan (oxybutynin) is a medication that acts to relax the bladder, allowing it to hold more urine. By relaxing the bladder, it also helps to prevent urine from backing up into the kidneys. It should be taken three times a day, spread out as much as possible; usually first thing in the morning, just before bedtime, and halfway in between. For babies and children, the dose is determined by weight and will need to be adjusted as the child gains weight.

Side Effects: The most common side effects are dry mouth, facial flushing and constipation. Ditropan does not allow the body to perspire normally, which can cause the dry mouth, facial flushing and in some cases over heating. Your child experiencing side effects does not mean you need to stop the medicine, but the dosage may need to be adjusted.

Follow-up Studies and Visits

This will vary. In general, we like to see you after you have some experience with cathing to help you trouble shoot and streamline the process. We will discuss the situation by phone about a week after CIC is started (and anytime as needed) and see you in the office about a month after you start cathing. After the initiation of catheterization, we recommend:

- Renal ultrasound in 4 to 6 weeks.
- Regular contact with our office for questions, problem solving and news (hopefully that all is going well, but we would like to know either way). We may be reached at **415 353 2200**.
- Office visit after 6 months

· Urodynamics to assure improvement, and as needed, for problems ·
Please contact our office if you are concerned, or if your child exhibits
any of the following:

Temperature above 101 F

Extreme irritability/inconsolability

Disinterest in eating/drinking (particulary arfter the first 24 hours)

See the next page for contact information.

Contact Information:

Laurence S. Baskin, MD

<http://urology.ucsf.edu/people/laurence-s-baskin#>

Hillary Copp, MD, MS

<http://urology.ucsf.edu/people/hillary-l-copp>

Michael DiSandro, MD

<http://urology.ucsf.edu/people/michael-j-disandro>

Appointments & Location

Mission Bay Benioff Children's Hospital (Surgical Admissions)

1975 4th Street

San Francisco, CA 94143

[415.353.2200](tel:415.353.2200) (Phone)

[415.353.2480](tel:415.353.2480) (Fax)

Children's Hospital & Research Center Oakland

747 52nd Street Ambulatory Care 4th

Oakland, CA 94609

[510.428.3402](tel:510.428.3402) (Phone)

PEDIATRIC NURSE PRACTITIONERS

Anne Arnhym, CPNP

Certified Pediatric Nurse Practitioner

Anne.Arnhym@ucsf.edu

Angelique Champeau, CPNP

Certified Pediatric Nurse Practitioner

Angelique.Champeau@ucsf.edu